

[Date]

[Member Name]

[Street Address]

[City, State, Zip Code]

**Subject: Replacement Insurance Identification Card**

Dear [Member Name],

As requested, please find your duplicate insurance identification card(s) enclosed with this letter.

This card replaces any previously issued ID cards. Please review the information on the card to ensure it is accurate. If you notice any errors, contact our member services department immediately.

We recommend that you carry this card with you at all times and present it to your healthcare provider or pharmacist when seeking services to ensure your claims are processed correctly.

If you have any questions or require further assistance, please call us at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

Enclosure: Insurance ID Card(s)